

Data Collection Form

Patient ID #:

Date: _____

Age:

Sex: Male Female

Type of fixation: Intramedullary nails
 Screws alone

Plates and screws
 Tension bands

Date of operation: _____

Date of first postoperative visit: _____

Were there changes from the immediate postoperative radiograph to the radiograph at the first clinic visit?

YES NO

If yes, what were the changes?

Malalignment of the fracture Malpositioning of the hardware
 Hardware failure Other _____

Was there deviation from the normal postoperative course?

YES NO

If yes, what changes were made? _____

Was there a clinical indication to take the radiograph?

YES NO

If yes, what was the clinical indication?

Fall Traumatic injury other than a fall Increasing pain
 Signs of infection Gross deformity Painful hardware
 Other _____

Radiograph Cost: \$ _____

Patient Fee: \$ _____

Radiologist Fee: \$ _____

Radiograph Exposure: _____